

# Employment Application

**City Of Burlingame**  
101 E. Santa Fe Ave.  
Burlingame, Ks 66413  
(785)654-2414  
Email: cityhall@burlingameks.gov

Last Name		First Name		Middle name
Address	Street	City	State	Zip
Telephone Home			Work	Social Security Number
Position applied for:			Salary Requirement:	
Date available for employment				
Are you seeking: <input type="checkbox"/> Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer only				

How did you hear about this position? *Please specify* \_\_\_\_\_

Do you have any relatives currently on staff? ☐ YES ☐ NO

If yes, give name(s) and relationship(s) \_\_\_\_\_

Are you 18 years of age or older? ☐ YES ☐ NO

Have you filed an application here before? ☐ YES ☐ NO

If yes, when? \_\_\_\_\_

Are you on a lay-off and subject to recall? ☐ YES ☐ NO

Have you ever been convicted of anything other than a minor traffic violation? ☐ YES ☐ NO

If yes, please give the date, place and nature of the charge of which you were convicted.

(A conviction will not necessarily disqualify you from employment.) \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? (Employment is contingent upon satisfactory proof of eligibility to work in the United States.) ☐ YES ☐ NO

Have you worked or attended school under any other name? ☐ YES ☐ NO

If yes, give name(s) \_\_\_\_\_

May we check with your present employer for a reference? ☐ YES ☐ NO

## EDUCATION

### Apprentice, business or vocational school:

School and Location	Major	Diploma/Degree	Graduated (yes/no)

**EMPLOYMENT EXPERIENCE**

**PLEASE COMPLETE THIS SECTION EVEN IF YOU PLAN TO ATTACH A RESUME.** List your last three employers, beginning with the most recent. Account for all periods of time including military service and periods of unemployment.

Name and Address of Employer	Dates Employed	Duties Performed
Telephone:	MO/YR From: To:	
	Hourly rate/salary: Start: End:	
Job Title: Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
Supervisor's Name:		
Reason for leaving:		
Name and Address of Employer	Dates Employed	Duties Performed
Telephone:	MO/YR From: To:	
	Hourly rate/salary: Start: End:	
Job Title: Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
Supervisor's Name:		
Reason for leaving:		
Name and Address of Employer	Dates Employed	Duties Performed
Telephone:	MO/YR From: To:	
	Hourly rate/salary: Start: End:	
Job Title: Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
Supervisor's Name:		
Reason for leaving:		

## SKILLS AND QUALIFICATIONS

OTHER QUALIFICATIONS Please summarize job-related skills and qualifications acquired from employment or other experience.

EQUIPMENT OPERATION Please summarize all equipment operation and/or qualifications

## REFERENCES

List those familiar with your job performance, personal characteristics and commitment who have known you a **MINIMUM OF ONE YEAR. DO NOT LIST RELATIVES.**

Name	Years Known	Relationship	Organization	City, State	Home & Business Phone Number
Supervisor reference					H B
Personal reference					H B
Other reference					H B
Other reference					H B

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature \_\_\_\_\_ Date \_\_\_\_\_